

SEP 29 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24937

1. PLACE OF DEATH

County Monroe
Township Madison
City..... (No.....) St..... Ward)

Registration District No. 5280
Primary Registration District No. 5777

File No.....
Registered No. 10
St..... Ward)

2. FULL NAME

Wm Thomas Maupue
(a) Residence No..... St..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. ~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/19/1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
70 9 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Boone Co - Mo

10. NAME OF FATHER Geo W. Maupue

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Va.

12. MAIDEN NAME OF MOTHER Martha H. Jernigan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Va.

14. INFORMANT L. T. Maupue

(Address) Madison Mo R.R.

15. FILED 8/8 27 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/6 1927

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 3 Jo..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Staphylococci & Bacillaria
137 A
137 (duration)..... yrs..... mos..... ds.

CONTRIBUTORY (SECONDARY)

129 B (duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

8/7 (Signed) J. E. Johnson, M. D.
, 19 (Address) Madison Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Four short Medway Cemetery

20. UNDERTAKER

Fred A. Thompson

DATE OF BURIAL

8/8 1927

ADDRESS

Madison Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

